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TITLE: Breast Cancer Outreach for Underserved Women: A
Randomized Trial and Cost-Effectiveness Analysis

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CONTRACTING ORGANIZATION: Northern California Cancer Center
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FOREWORD


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**TITLE: Breast Cancer Outreach for Underserved Women:
A Randomized Trial and Cost-Effectiveness Analysis**

ANNUAL REPORT

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INTRODUCTION

Subject and Purpose of This Research

The study "Breast Cancer Outreach for Underserved Women: A Randomized Trial and Cost-Effectiveness Analysis", *BACCIS-II*¹, addresses two major gaps in the current state of knowledge for breast cancer outreach to underserved women: 1) absence of affordable, cost-effective interventions, and 2) interventions specifically intended to improve lifelong, periodic early detection practices, as distinct from only initial or one-time screening. There is a substantial and growing literature on community outreach for early detection. Nevertheless, until these key questions are answered, the generalizability of tested interventions to communities nationwide will be limited.

While use of breast cancer screening has steadily improved nationwide, women of color and those with low socioeconomic status continue to underutilize early detection services (1), are diagnosed at later stages of the disease, and suffer lower survival rates than do more affluent and white women (2,3). Outreach, particularly among culturally diverse and poor women, requires continuous, costly, and highly labor-intensive efforts (1). Furthermore, while outreach programs to the underserved have been shown to *initiate* screening, little is known about strategies to insure *lifelong, periodic* screening. In fact, there is growing recognition that the barriers to initial screening are not the same as those that impede repeat screening (4,5), with the implication that interventions for ongoing screening also differ from those that affect one-time testing.

We have developed and are in the process of implementing an intervention that establishes breast cancer early detection outreach skills in the businesses, agencies, and organizations where low-income women live, work, and spend leisure time. The primary aim of the intervention is to provide motivation and resources not just once, but personally reinforced over time as needed by each individual. Such an ongoing *Woman to Woman* approach, anchored and enduring in the community, is expected to be the ideal formula for adherence to screening over time if it can be demonstrated to be affordable by agencies typically serving low-income communities.

The purpose of the proposed study is to develop and evaluate an enduring model that brings the most culturally appropriate and highest quality outreach, education, resource

¹ The acronym "BACCIS-II" is derived from the predecessor to this research, the "Breast and Cervical Cancer Intervention Study", BACCIS, funded by the National Cancer Institute, 1991-1997. In the community, we have adapted our title and call the program the *Breast Cancer Community Information and Screening* project. In the research arena, we refer to it as BACCIS-II.

referral, and follow-up to low income and multi-ethnic communities at costs that are affordable to the agencies who traditionally serve these communities. This will be achieved through adaptation of an effective but heretofore labor-intensive and costly model of community-based outreach. Three models/levels of intervention are being evaluated for cost-effectiveness: *intensive* (the current BACCIS model); *moderate*, BACCIS-II (the adaptation of the current BACCIS model); and a *minimal* (comparison) intervention. The research hypotheses include:

1. Women reached through the moderate, adapted intervention will make significantly greater advances in screening adoption stage than will women reached by the minimal intervention.
2. The moderate intervention will be more cost-effective than either the intensive or minimal interventions.
3. The moderate, adapted intervention will be shown to be feasible and appropriate in low-income and multi-ethnic communities.
 - a. Businesses/agencies/organizations located in and/or serving low-income communities can be recruited to participate in training and to otherwise support outreach to women at risk of late stage diagnosis.
 - b. Early detection knowledge and outreach/education skills of trainees will be significantly higher at the end of the training compared with initial levels prior to training.
 - c. Trainees will reach target numbers of underserved/underscreened women and complete outreach and follow-up.

Scope of the Research

The specific aims of this study are:

1. To test the feasibility and effectiveness of a generalizable, moderate intensity early breast cancer detection outreach model.
 - a. adapt the original BACCIS outreach model for appropriateness to, and use by agencies located in and traditionally serving low-income, multi-ethnic communities.
 - b. over 12 months, recruit 20 businesses/ agencies/ organizations in low-income neighborhoods to commit 80 workers/residents (4 per agency) to be trained to meet standards for knowledge, commitment, and skills in cancer screening outreach, education, resource referral, and follow-up.
 - c. Reach 1600 underserved (defined here as those who have inadequate or no health insurance and/or women of color), underscreened (for women 50 and over, no mammogram in past two years; for women ages 40 and over, no clinical breast exam in past two years) who, as a direct result of BACCIS-II, will demonstrate significant advances in adoption stage for mammography, clinical breast exam, and breast self-exam:

- For women 40-49, this means received the overdue CBE, discussed mammography with provider, reports intention to obtain mammography in the future and to repeat screening throughout life, and demonstrates knowledge of how to obtain testing.
 - For women 50+, this means received overdue mammogram/CBE, reports intention to repeat annual tests throughout life, and demonstrates knowledge of how to obtain testing.
 - For all women, adherence to BSE will mean monthly testing for at least the past three months, report of having had instruction in the correct methods, and intent to continue BSE throughout life.
2. To evaluate the cost-effectiveness per woman who increases her level of adherence in the intensive, moderate, and minimal interventions.
- From a societal perspective that takes into account all costs and benefits regardless of who pays or receives them.
 - From an organizational perspective that includes only actual financial costs to the organization implementing the intervention.

The study population is underserved women ages 50 and over, in Contra Costa County, California who have not had a mammogram in the past two years, and underserved women 40-49 who have not had a clinical breast exam in that time frame. For the purposes of both the randomized trial and the cost-effectiveness analyses, the study outcome will be a composite adherence scale that includes mammography (for women 50 and over), clinical breast exam, and breast self exam. Adherence (maintenance) for mammography and CBE will be defined as having had the test in the past year and having the stated intention to continue throughout life; for BSE, adherence will be defined as practicing monthly for the past 3 months, and having received instruction by a provider or BACCIS class.

The intervention has two major components: community agency involvement, and training/reinforcement/support of Women's Health Advocates (WHAs), and two phases: planning and development, and implementation.

Background of Previous Work

BACCIS-II draws on the advances of our current NCI-funded community research program, the Breast and Cervical Cancer Intervention Study (BACCIS), to adapt the strengths of the current approach to an intervention expected to reach far more women in a shorter period of time at much lower cost. We will test the effectiveness of this model in a randomized, controlled trial, and for the first time, evaluate the cost-effectiveness of outreach interventions including intensive, moderate, and minimal levels of intervention.

Dr. Pasick, the BACCIS-II Principal Investigator, is Co-Investigator responsible for

Outreach and Process Evaluation on BACCIS . This multi-factorial, randomized, controlled intervention trial has the goal of evaluating methods to increase breast and cervical screening among underserved, African American, Chinese, Hispanic and White women in two counties, San Francisco and Contra Costa (intervention in the city of Richmond, control in Pittsburg). For outreach, we developed and tested a highly personal approach that has proven very effective at reaching underserved and underscreened women and assisting them toward maintenance of periodic screening. While the overall outcome of the research, differences between intervention and control from baseline to follow-up, will not be known until data from the just-completed follow-up survey is analyzed, our extensive process evaluation data on the 2237 women in the intervention contains strong evidence of success, as described below. However, in Richmond alone, this has been at a cost of three fully salaried, lay outreach workers (Community Educators - CE's) and much of the time of a full-time graduate level Project Coordinator. In almost three years of outreach, this team has reached 1119 women, and followed up and documented significant advancement in stage among the 503 who participated in outreach follow-up. BACCIS-II is adapting the strengths of BACCIS to an intervention expected to reach far more women in a shorter period of time at much lower cost. (We use the term "reach" to mean recruited to participate, with sufficient interaction to complete a "Personal Contact Form" containing demographics and screening history, and to convey at least an initial personal educational message based on that information).

As evidence of our ability to reach truly underserved women, data from the Richmond outreach program show that 58% of BACCIS participants have no health insurance at all, and another 18% are on MediCal (Medicaid). 53% of participants are African American, 28% Latina, 14% White, and race is other or missing among 5%. Among African Americans ages 50 and over, 71% were not adhering to guidelines for mammography (fewer than 3 in the past five years) at the time of initial contact, 73% of women 40 and over were not adhering for CBE (fewer than 3 in past five years), and 90% were not in adherence for BSE (less than 1/month). The corresponding data for Latinas are 88.7% for mammography, 86.7% for CBE, and 95% for BSE. Among Whites the nonadherence rates are 59% for mammography, 58% for CBE, and 89% for BSE. While the specific indicators are measured in somewhat different ways, in general these rates are much poorer than those identified in the BACCIS baseline survey and the National Health Interview Survey for the same time period (1). As evidence of the effectiveness of our outreach intervention, among all targeted groups in Richmond, there have been statistically significant changes in mammography use among women 50 and over from initial outreach contact to most recent follow-up.

The strengths of the BACCIS approach have been the ease with which the CE's can find underserved women and their ability to have a strong and very desirable influence on women's screening attitudes and practices. The disadvantages have been the high cost of paying full-time salaries to CE's and a supervisor; the ongoing need for

extensive training due to the complex nature of barriers to screening, especially access issues; the time involved in assisting women who are so fearful that they need to be accompanied to screening; and for some, there is the need for assistance in follow-up of abnormalities. BACCIS-II seeks to build on the strengths while minimizing the disadvantages.

BODY

Methods, Assumptions, and Procedures

The methods, assumptions, and procedures as outlined in the research proposal are unchanged. The methods for Phase I, Planning and Development have been completed or are nearing completion. These include the following:

1. adaptation of the BACCIS model through:
 - a. development of a Women's Health Advocate (WHA) outreach protocol (completed - see **Appendix A.**);
 - b. development of a training curriculum through which WHAs will be prepared to implement the protocol (curriculum is attached as **Appendix B.**);
 - c. pilot-testing of the entire intervention: two women (one African American and one Latina) have been trained and are currently implementing the outreach protocol and testing forms). Another agency will pilot the intervention by mid-July. The "minimal" intervention (control condition) is being pilot-tested by a representative of a community agency and a stylist from a salon. Each will recruit 4 women to complete this component.
 - d. development of all materials needed by WHAs to complete their outreach (logo, poster, and related outreach materials as well as client incentives have all been designed and are in the final stages of production, to be ready mid-July).
2. initial agency recruitment
To date, 10 agencies have been recruited and have expressed willingness to be randomized. The list of these agencies is shown in **Appendix C.**
3. development of data collection forms and procedures
 - a. To date, the baseline survey has been developed and pretested in English (see **Appendix D.**).
 - b. Translation and back-translation to Spanish have just been completed and pre-testing in Spanish will be complete by the first of July.
 - c. Client tracking forms have been developed and are currently undergoing pilot-testing (**Appendix E.**).

4. development of cost-effectiveness study procedures
 - a. To date, procedures have been put in place for categorizing expenses for the moderate and minimal interventions (BACCIS-II intervention and control conditions). All expenses are currently allocated to: research, development, and implementation.
 - b. Expense reports for the intensive intervention (the original BACCIS) are currently under review. Procedures are under development to permit a retrospective comparison of BACCIS costs with those currently being incurred in BACCIS-II.

Results and Discussion

Because implementation has not yet occurred, consideration of results is not yet applicable.

Recommendations in Relation to Statement of Work

Overall, while we have experienced delays in initiation of the intervention, the completion is slated to be on schedule due to stepped up agency recruitment (3/month rather than 2 for the first 5 months). The main delaying factor came when the Project Coordinator, Patricia Davis, sustained an injury on the first day funding of this grant and was out of work on disability for four months. The research team and remaining field staff did proceed with plans in her absence, but the original time line as described in the Statement of Work, has been revised as shown below. However, all tasks are expected to be completed as originally planned.

Technical objectives 1a - c: Test feasibility and effectiveness of a moderate intensity outreach intervention

- Task 1. - Adaptation and pre-testing of BACCIS model will be completed by month 13 (originally month 8)
- Task 2. - Develop and pre-test baseline questionnaire by month 12 (originally month 8)
- Task 3. - Recruit 20 businesses/agencies/organizations is on schedule (months 6-18)
- Task 4. - Train 80 Women's Health Advocates will begin later than planned (originally month 9) but will be completed on schedule (month 19) due to a faster pace of initial recruitment.
- Task 5. - Reach, obtain completed baseline questionnaires, and conduct outreach (including follow-up) with 1600 women will begin later than planned (originally month 10) but will also be completed on schedule (month 40) due to a faster pace of initial recruitment.
- Tasks 6. - 8 will proceed on schedule (data collection and analyses).

Technical objective 2: Evaluate cost-effectiveness of three levels of intervention

Task 9: - Research relevant literature (complete)

Task 10: - Develop cost-effectiveness analysis design (originally slated for months 2-4, this process is ongoing, however the plan for cost allocation has been developed).

Task 11: - Develop data collection approaches and instruments - a spreadsheet to guide the collection of relevant data for input to the analysis has been developed and is under refinement (originally months 4-7, this will be in place when the intervention is implemented).

Tasks 12-14: - Monitoring data collection and analyzing data will proceed on schedule.

CONCLUSIONS

Preliminary conclusion regarding feasibility of developing and implementing this intervention will be forthcoming as the intervention proceeds. Final conclusions will be made at the completion of the study in year four.

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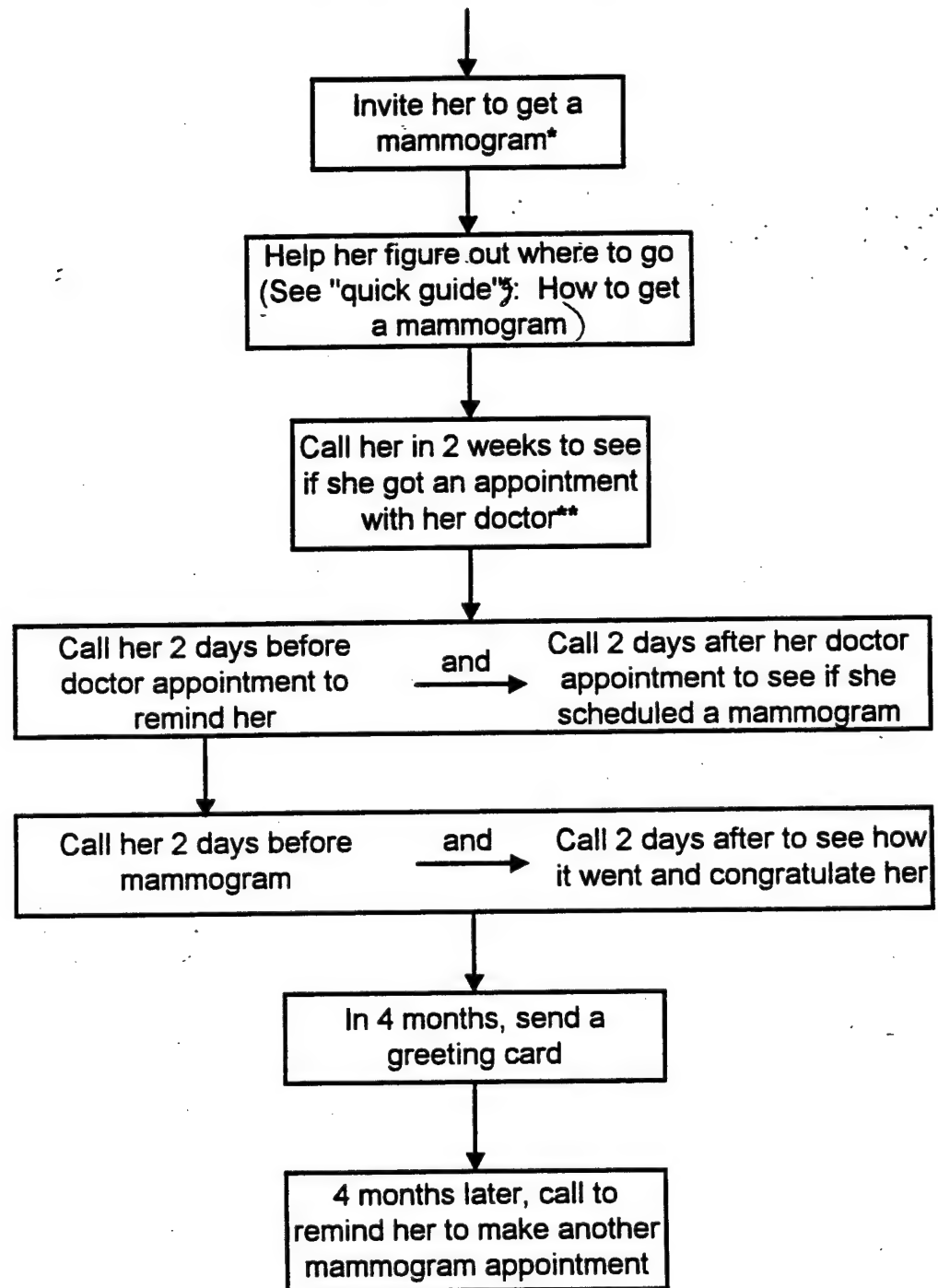
APPENDIX A.
Outreach Protocol

**Meet Mrs. Jones
Complete Questionnaire**

1.
RECRUIT

2.
REFER

3.
REMIND



* If she doesn't want a mammogram, ask her why (see quick guide: Barriers)

** If no appointment, reassure and encourage her (see quick guide: Barriers).
Try one more time in two weeks.

APPENDIX B.
Training Curriculum

*Woman to woman
Saving lives
Every year for life...*

BACCIS

**Breast Cancer
Community Information
& Screening**

(name)

**Women's Health Leader
Training Manual**

A Program of the
Northern California Cancer Center

**Breast Cancer Community Information & Screening
(BACCIS)**

Women's Health Leader Training Manual

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What BACCIS is All About**

Section 2. Breast Health For Life: About Breast Screening

Section 3. Recruit.....Refer.....Remind: What Women's Health Leaders Do

Section 4. Putting It All Together: Getting Going & Keeping Track

Section 5. BACCIS Forms

Section 6. BACCIS Tips & Other Goodies

Section 7. Questions & Notes

Section 8. Your BACCIS Woman Quick Guide

*Woman to woman
Saving lives
Every year for life...*

Part 1.
The
Breast Cancer
Community Information
and
Screening Project:

WHAT BACCIS IS ALL ABOUT

**Part 1. of the training will help you learn
what the BACCIS project is and what a
Women's Health Leader does.**

*Woman to woman
Saving lives
Every year for life....*

BREAST CANCER COMMUNITY INFORMATION & SCREENING

Dear

Welcome and congratulations....as a **WOMEN'S HEALTH LEADER** you are now a member of a very special group of women representing your community. We know your efforts and contributions will help to improve the health of your family, friends, and community.

The **BACCIS** staff looks forward to working with you and supporting you in becoming a resource for breast health screening in your community. We know that the women you reach will appreciate your assistance in getting them to have a mammogram....every year for life.

You are now part of the BACCIS team, a BACCIS woman..... Thanks again for becoming a BACCIS volunteer. Working together everyone achieves more, working together woman to woman we know we will save lives.

Yours in health,

Rena J. Pasick

Patricia Davis

Mirna Alvarado

Wanna Wright

The BACCIS staff

*Woman to woman
Saving lives
Every year for life....*

THE B A C C I S PROJECT

BACCIS is a project committed to saving lives by helping women who live in Contra Costa County receive *BREAST HEALTH SCREENING* services.

BACCIS has helped over 700 women receive *BREAST HEALTH SERVICES* in West Contra Costa County.

BACCIS is committed to supporting women who want to make a difference in their community and who want to become *WOMEN'S HEALTH LEADERS*.

BACCIS trains *WOMEN'S HEALTH LEADERS* in skills needed to help women 50 and over who have not had a _ _ _ _ _ in 2 years to receive *BREAST SCREENING SERVICES*.

BACCIS educates and helps women by talking... woman-to-woman in places where women go every day.

BACCIS believes that educating women can be fun and easy.

50 and older...No mammogram...50 and older...No mammogram...50 and older...No mammogram...50 and older

Woman to woman

Saving lives

Every year for life....

B r _ _ a _ _ t C _ _ _ _ _ r

C _ _ _ _ _ _ _ _ y

I _ _ f _ _ _ _ _ _ _ _ _ _

and

S c _ _ _ _ _ _ _ _ _ _

50 and older.....no mammogram.....50 and older.....no mammogram.....50 and older...no mammogram....

*Woman to woman
Saving lives
Every year for life...*

Why we need

B A C C I S

in our community

1. **Any woman** can get breast cancer.
2. Contra Costa County has a **high rate** of breast cancer.
3. **Regular screening** is the best way to find breast cancer when it is small.
4. Breast cancer **can be cured** if it is found when it is still small.
5. Women who are **overdue** for a mammogram are at risk.
6. Women **50 and older** need a mammogram each year.
7. **Women of color** who get cancer tend to be diagnosed late.
8. **Better education** can help all women get regular screening.

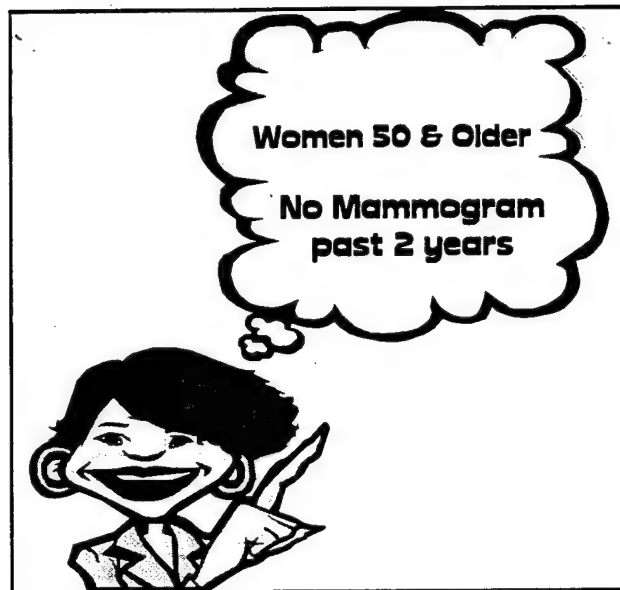
*As a **BACCIS VOLUNTEER** you will:*

*be helping women in your **community** and yourself
to feel better about **HEALTH**.*

Regular screening...find it small...Regular screening...find it small...Regular screening...find it small...Regular

*Woman to woman
Saving lives
Every year for life...*

WHO WE WANT TO REACH



WHY ????????

- ▶ AS WOMEN AGE, THE RISK OF BREAST CANCER GOES UP.....
- ▶ MAMMOGRAMS WORK BEST IN OLDER WOMEN.....
- ▶ IT IS EASY TO FORGET AND BECOME **OVERDUE**.....
- ▶ WOMEN OVERDUE FOR A MAMMOGRAM ARE AT **HIGHEST RISK**.....
- ▶ WOMEN OVER 50 NEED A MAMMOGRAM **EVERY YEAR**

50 and older...no mammogram...50 and older...no mammogram...50 and older...no mammogram...50 and older

Woman to woman
Saving lives
Every year for life...

BACCIS & YOU



As a BACCIS Women's Health Leader:

You want to be a part of an exciting and meaningful community effort to help women 50 and older who have not had a mammogram in 2 years.

You enjoy talking to and helping other women.

You want to see more women 50 and older get their yearly mammogram.

You want to contribute to the health of others and to save lives.

You enjoy being part of a team.

You are willing to enjoy yourself and have fun..as a **BACCIS WOMAN**.

Add 2 other reasons you are here:

1. _____

2. _____

Women's Health Leader...Saving lives...Women's Health Leader...Saving lives...Women's Health Leader...Saving

*Woman to woman
Saving lives
Every year for life...*

RECRUIT...

REFER...

REMIND



As a BACCIS Women's Health Leader You'll:

Recruit:

Talk to 20 women 50 & older/no mammogram in two years.
Ask each woman to fill out a questionnaire and receive a gift.
Invite each woman to get a mammogram soon.

Refer:

Help each woman learn why she needs a mammogram.
Help each woman learn where to get her mammogram.
Help her solve any problems that may get in the way of her getting a mammogram.

Remind:

Remind her to keep her appointment now.
Remind her that you're concerned about her.
Remind her to make her next appointment when she is due again in one year.



**Congratulations To You--
.....You Did It!**

Women's Health Leader...Saving lives...Women's Health Leader...Saving lives...Women's Health Leader...Saving

*Woman to woman
Saving lives
Every year for life...*

OUR AGREEMENT WITH YOU

THE BACCIS STAFF AGREES:

To support you as a **WOMEN'S HEALTH LEADER** in your efforts to recruit, refer, and remind women 50 and older who have not had a mammogram in two years.

To provide you with information, materials and incentives to help you recruit, refer, and remind women 50 and older.

To be available to you by phone and in person to answer your questions and assist you in helping the women you reach.

WE ALSO AGREE:

To remember that we could not do this project without you, and will try to make it fun, easy, and enjoyable.

To acknowledge and recognize you for your time, effort, and service to your community publicly, as well as with small gifts of appreciation.

To support you in using the skills you learn from this project in helping your community in other ways.

To remember that working together we form a team that will help save lives in our community; together we can make a difference.

The BACCIS Staff

Date _____

*Woman to woman
Saving lives
Every year for life...*

The Women's Health Leader Agreement with BACCIS

I AGREE TO:

1. Complete the training (attend two meetings).
2. Recruit and refer 20 women (you may take up to 10 months to do this) for breast cancer screening (only women age 50 or over who have not had a mammogram in two years)
3. Stay in touch with your 20 women by calling to remind them about their mammogram in one year.

I ALSO AGREE TO:

Keep all papers and information strictly confidential.

Keep private anything I learn from women I am helping through BACCIS .

Keep confidential my BACCIS client records, not showing them to anyone except BACCIS staff.

Signature

Date

*Woman to woman
Saving lives
Every year for life...*

**You give to the Community...
We give to you:**



Money Order.....Gift Certificate...Money Order



- (1) \$25 Gift Certificate or Money Order To sign up
 - (1) \$25 Gift Certificate or Money Order To complete training
 - (1) \$25 Gift Certificate or Money Order To **Recruit** and **Refer** your first 10 women
 - (1) \$25 Gift Certificate or Money Order To **Recruit** and **Refer** your next 10 women
 - (1) \$25 Gift Certificate or Money Order To **Remind** all 20 women 8 months later
-
- \$ 125 Total

You will also receive gifts to give each woman you **recruit** and **refer** for a mammogram.

Gifts....give and receive....Gifts....give and receive....Gifts....give and receive....Gifts....give and receive....Gift

*Woman to woman
Saving lives
Every year for life...*

Part 2.

BREAST HEALTH FOR LIFE

Part 2. of the training will teach you what women need to do to take care of their health and why.

Breast health for life...Breast health for life...Breast health for life...Breast health for life...Breast health for life..

*Woman to woman
Saving lives
Every year for life...*

SOME ROUTINE THINGS WE DO FOR OUR HEALTH.....

Eat foods that are healthy for us....



...Visit the dentist for a regular check-up



Avoid smoking.....

**Get regular check-ups to
see if we are healthy...**



AND→

Eat healthy...Don't smoke...Visit the dentist...Get check-ups...Eat healthy...Don't smoke...Visit the dentist...Get

*Woman to woman
Saving lives
Every year for life....*

Mammography _ _ _ _ _ year

Breast Exam _ _ _ _ _ year

Self Breast Exam _ _ _ _ _ month



Eat healthy...Don't smoke...Visit the dentist...Get check-ups...Eat healthy...Don't smoke...Visit the dentist...Get

*Woman to woman
Saving lives
Every year for life....*

BREAST HEALTH EVERY MONTH, EVERY YEAR, FOR LIFE

1. Two important things a woman can do to protect her breasts are to: 1. Check their own breasts each month for changes; and 2. Get checked by a doctor or nurse every year.

_____ True or False

2. What is the name of the picture that is taken of a woman's breast when she goes for a breast checkup?

3. Finding lumps when they are small is to discover cancer when it has the best chance of being cured.

_____ True or False

4. Every woman is at risk of getting breast cancer.

_____ True or False

5. Three breast cancer options are: 1. Surgery; 2. Radiation; or 3. Medication

_____ True or False

? ? ? ? ?

Eat healthy...Don't smoke...Visit the dentist...Get check-ups...Eat healthy...Don't smoke...Visit the dentist...Get

6. Match the misunderstanding with the statement that states the truth:

<u>Misunderstandings</u>	<u>Truth</u>
a. "I feel healthy and don't need a mammogram unless I feel a lump or have a breast problem."	a. Mammograms help women with no problems or other symptoms because they find changes that are too small to feel.
b. "If my doctor or nurse doesn't recommend a mammogram, I don't need one."	b. You shouldn't wait for your doctor to remember to bring it up. Tell him or her that you think you may be due for a mammogram.
c. Mammograms have too much radiation.	c. The radiation from a mammogram is a safe level of radiation. It's less than a set of dental x-rays.
d. "My mother and grandmother never had breast cancer, so I won't get it."	d. Any woman can get breast cancer. Most women with breast cancer had no breast cancer in their families.

What are some things you have heard about breast cancer that may or may not be true?

*Woman to woman
Saving lives
Every year for life....*

7. Mammogram pictures are given to a mammogram specialist (radiologist) to look at for healthy tissue and possible problems. _____ True or False
8. The radiologist shares the results with your doctor or clinic, who will call or write you. _____ True or False
9. The best way to prepare for your mammogram is to wear no deodorant, perfume powder or lotion around your neck, breast or underarms the day of the exam. _____ True or False

These products could cause shadows on the mammogram. ____ True or False

10. If you're still having periods, your breasts may be more tender. You should schedule your mammogram the week after your period ends when your breasts aren't as tender. _____ True or False

* * * * *

11. When breast cancer is found and treated early, before it has spread beyond the breast, women can live without cancer. _____ True or False
12. The National Cancer Institute recommends that a woman aged 50 and over get a mammogram every year. _____ True or False
13. The National Cancer Institute recommends that a women between the ages of 40 and 50 should talk to their doctor or nurse about getting a mammogram. _____ True or False

Eat healthy...Don't smoke...Visit your dentist...Eat healthy...Don't smoke...Visit your dentist...Eat healthy...

*Woman to woman
Saving lives
Every year for life....*

14. In addition to having a mammogram, a woman should have a yearly breast exam by a doctor or nurse. _____ True or False
15. A woman should learn the latest ways to examine her own breasts once every month to learn how her breasts feel and how to recognize changes that a doctor should check. _____ True or False
16. For complete breast health, a woman should start her own **breast health plan**. What would that plan include for:

All women: (Examine your own breast every MONTH)
Women 40 & over: (YEARLY breast exams by doctor or nurse)
Women 50 & over: (YEARLY mammograms)

? ? ? ? ? ? ? ? ? ? ? ? ?

Eat healthy...Don't smoke...Visit your dentist...Eat healthy...Don't smoke...Visit your dentist...Eat healthy...

Woman to woman
Saving lives
Every year for life....

ACTIVITY

First, unscramble the words to fill in the blanks.

Second, using the numbers, copy the letters to complete the phrase at the bottom.

1. Who is at risk for breast cancer?

LL A M O W N E

— — — — —
1 — — — — — 5

2. Finding breast cancer — — — — —

R A E Y L

8

is the best chance for survival.

3. A — — — — — is an

M M M R A O G A

2

3

x-ray that can find breast cancer early.

4. Mammograms work best when they are

done each and every — — — — —

E R A Y

7

4

10

5. In order to get a mammogram every

year, some women need extra — — — — —

P E L H

6

9

CONGRATULATIONS on becoming a BACCIS

— — — — — ' s — — — — — t — — — — — d — — —
1 2 3 4 5 6 7 8 9 6 9 7 4 8 10

Eat healthy...Don't smoke...Visit your dentist...Eat healthy...Don't smoke...Visit your dentist...Eat healthy...

BACCIS Fact Sheet

WHY WOMEN 50 AND OLDER NEED MAMMOGRAMS

1. 3 out of every 4 breast cancers occur in women 50 and older.
2. The highest death rate due to breast cancer is in older African American women.
3. Research to date has not shown any decrease in breast cancer deaths in women under 50 due to mammography, and there is a lot of debate among the experts about mammography for women 40-49.
4. 50% of women ages 50-70 do not get mammograms.

? WHAT IS CANCER ?

CANCER is not one disease; it is actually a group of more than 100 different diseases. Cancer occurs when cells become abnormal and keep dividing and forming more cells without control or order, this is cancer.

All organs of the body are made up of cells. Normally, cells divide to produce more cells only when the body needs them. This orderly process helps keep us healthy.

If cells keep dividing when new cells are not needed, a mass of tissue forms. This mass of extra tissue, called a growth or tumor, can be benign or malignant.

◆ Benign tumors are not cancer. They can usually be removed, and in most cases, they do not come back. Most important, cells from benign tumors do not spread to other parts of the body. Benign tumors are rarely a threat to life.

◆ Malignant tumors are cancer. Cancer cells can invade and damage nearby tissues and organs. Also, cancer cells can break away from a malignant tumor and enter the bloodstream or the lymphatic system. This is how cancer spreads from the original (primary) tumor to form new tumors in other parts of the body. The spread of cancer is called metastasis.

*Woman to woman
Saving lives
Every year for life....*

Part 3.

Recruit...Refer...Remind

Part 3 of the training will teach you what a Women's Health Leader needs to do to save lives.

Recruit...Refer...Remind...Recruit...Refer...Remind...Recruit...Refer...Remind...Recruit...Refer...Remind...Recruit

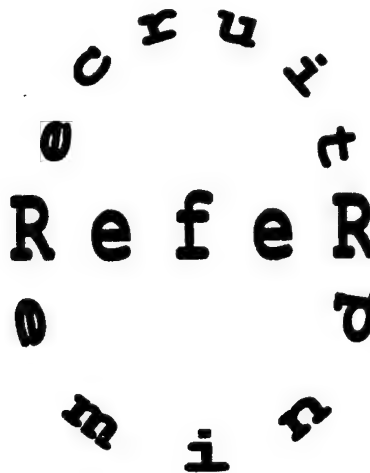
Woman to woman
Saving lives
Every year for life....



The BACCIS 3 R's



1. **RECRUIT**...women 50 & older who have not had
a _____ in 2 _____.
2. **REFER**...women for a mammogram this _____.
3. **REMIND**... women to get another mammogram
_____ year, and _____ year.



recruit...refer...remind...recruit...refer...remind...recruit...refer...remind...recruit...refer...remind...recruit...refer

*Woman to woman
Saving lives
Every year for life....*

RECRUIT...

REFER...

REMIND

Recruit:

Talk to 20 women 50 & older/no mammogram in two years.
Ask each woman to fill out a questionnaire and receive a gift.
Invite each woman to get a mammogram soon.

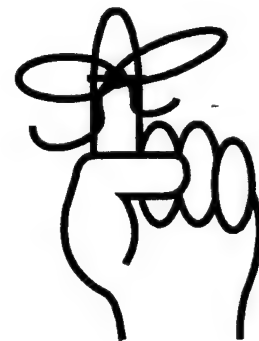


Refer:

Help each woman learn why she need a mammogram.
Help each woman learn where to get her mammogram.
Help her solve any problems that may get in the way of
her getting a mammogram.

Remind:

Invite her to get a mammogram.



recruit....recruit....recruit....recruit....recruit....recruit....recruit....recruit....recruit....recruit....recruit....recruit

Recruit & Refer

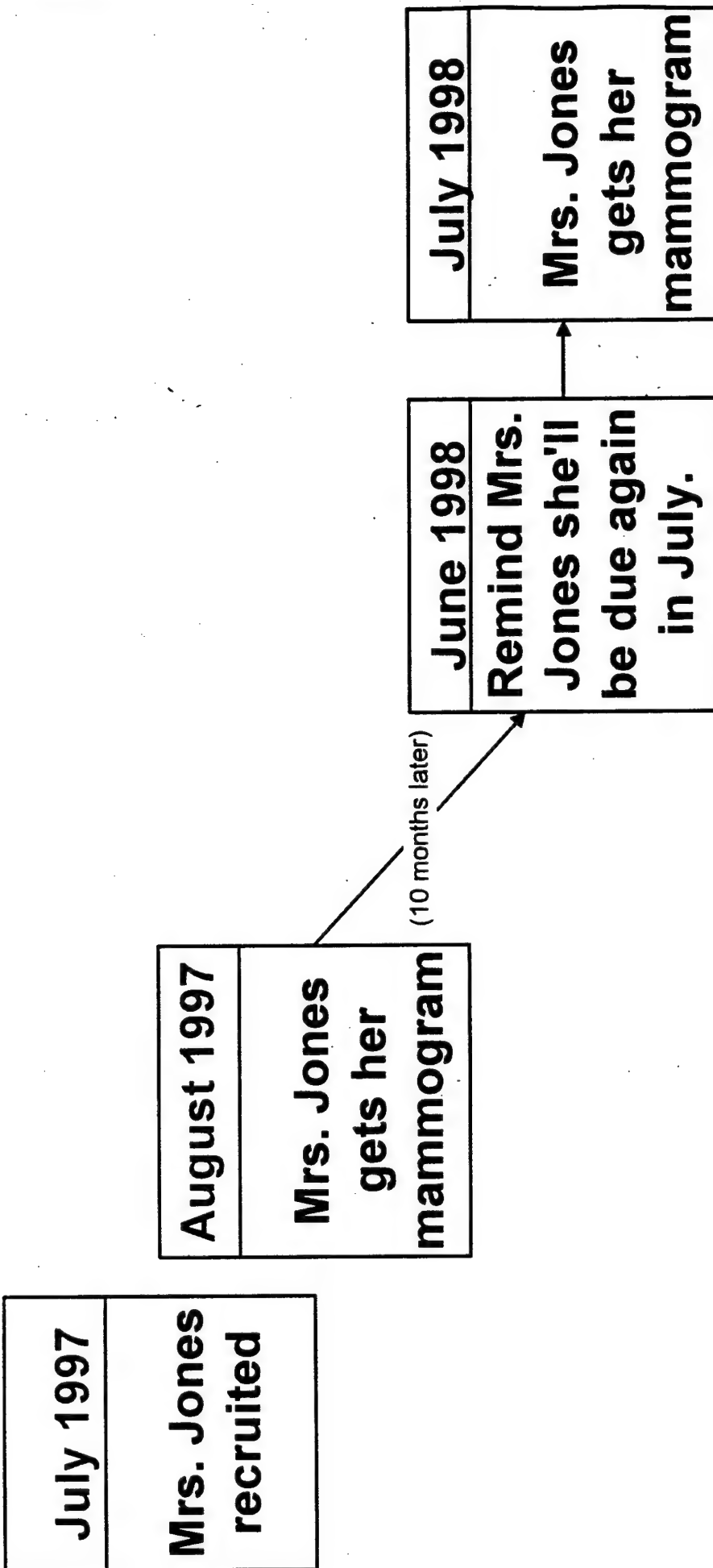
2 women a month for 10 months

July 1997	2 women Recruit & Refer	Aug. 1997	2 women Recruit & Refer	Sept. 1997	2 women Recruit & Refer	Oct. 1997	2 women Recruit & Refer	Nov. 1997	2 women Recruit & Refer
Dec. 1997	2 women Recruit & Refer	Jan. 1998	2 women Recruit & Refer	Feb. 1998	2 women Recruit & Refer	Mar. 1998	2 women Recruit & Refer	Apr. 1998	2 women Recruit & Refer

20 women in all

(You can recruit them
faster if you wish.)

Remind*



*Example for 1 woman

Every year for life....every year for life....every year for life....every year for life....every year for life

*Woman to woman
Saving lives
Every year for life....*

Step 1. Recruit

***Start talking to the women you know and meet in your daily activities.
Talk to women 50 & older who have not had a mammogram in 2 years.***

***Wear your BACCIS button to attract
attention.....***



....Show your BACCIS poster

Use easy openers such as....

"Hello, I'm looking for women 50 and older who have not had a mammogram in 2 years. Can you help me?"

"Hi...did you see my button?"

"Guess what I'm doing now."

"I'd like to tell you about a new program."

"Hi, did you see my poster?"

Think of 2 other things you would do to interest women in talking to you:

1. _____

2. _____

See me for a free gift....no mammogram?....50 or older?....See me for a free gift....no mammogram...50 or older

Step 2. Refer

REFERRING means helping the woman get to the mammogram.

There may be many reasons why she hasn't had a regular

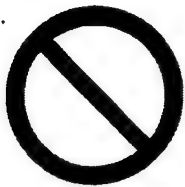


mammogram. Your job is to help her figure out...

- ① Why...she needs a mammogram
- ② Where...she can get services that are right for her
- ③ Problem solve...help her with any barriers

Many women have problems that prevent them from getting a regular mammogram. But most of the time, there is a way to help them.

bar•ri•er

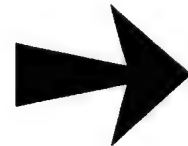


1. a thing that prevents progress
 2. anything that hinders; obstruction
- SYN. obstacle

There are 3 kinds of barriers to breast health:

- ▶ knowledge (a woman doesn't know she needs a mammogram)
- ▶ beliefs (she thinks mammograms are unsafe; that breast cancer can't be cured; that doctors can't be trusted; that only other women get breast cancer)
- ▶ problems (she has no insurance, doesn't have a place to go, can't get off work, can't get to her clinic)

.....here's how to help



Woman to woman
 Saving lives
 Every year for life....

...some **BARRIERS** you will hear for not having a mammogram. Suggested responses are provided, but also think about what you would say if a Friend gave you one of these reasons for not getting a mammogram.

REASONS WOMEN MAY GIVE	SUGGESTED RESPONSES
TIME <i>"I just don't have time."</i> <i>"I don't want to think about it."</i> <i>"I'm too busy to get a mammogram."</i> <i>"The appointment takes too long."</i>	<p>I'm like that sometimes too. But if someone else in your family needed an exam, you probably would call. Taking care of yourself means that you will be there to take care of your family.</p> <p>It gets harder the longer you put it off, I know. Why don't you call right now, while it is on your mind? I've got the numbers to call here in front of me.</p> <p>And it does not take long—it is over faster than most doctor visits.</p>
PAIN <i>"I've heard that it hurts."</i> <i>"A mammogram might be uncomfortable."</i>	<p>It is true that you may feel some pressure during the x-ray. This is needed for a good picture of what your breast looks like. It may be uncomfortable, but it only takes a few seconds. If you have menstrual periods, plan to go 7 to 10 days after the start of your period—your breasts may be less tender then. If you are concerned, talk with the x-ray technician about it first. She may be able to help.</p>

Barriers....Reasons....Obstacles....Barriers....Reasons....Obstacles....Barriers....Reasons....Obstacles....Barrier

*Woman to woman
Saving lives
Every year for life....*

REASONS WOMEN MAY GIVE	SUGGESTED RESPONSES
FEAR <i>"I'm afraid to go."</i> <i>"I'm afraid of finding something wrong."</i>	<p>Is there someone who might be able to go with you? (Think about how you would answer this question. Do you know of someone who might go with your Friend if she is afraid? Is this something you might consider doing yourself?.)</p>
EMBARRASSMENT <i>"I'm too embarrassed."</i> <i>"The technician might be a man."</i>	<p>Most mammograms are given by a woman technician. And, you will be given a cover-up to wear except during the mammogram, so you have your privacy.</p>
FAMILY HISTORY <i>"No one in my family has had breast cancer"</i>	<p>Even so, all women are at risk, especially when we grow older. Most women who get breast cancer say that there is no breast cancer in the family.</p>

Barriers....Reasons....Obstacles....Barriers....Reasons....Obstacles....Barriers....Reasons....Obstacles....Barrier

*Woman to woman
Saving lives
Every year for life....*

REASONS WOMEN MAY GIVE	SUGGESTED RESPONSES
SYMPTOMS <i>"I'm healthy, I have no symptoms."</i> <i>"I don't need a mammogram because I'm healthy."</i>	Breast cancer in its earliest stages has no symptoms. The good news about a mammogram is that it can find very small cancers long before symptoms appear. And, when breast cancer is found early, the chance of getting well can be almost 100%.
AGE <i>"I'm too old to worry. I'm too old to get it."</i> <i>"I've lived this long without it."</i> <i>"I don't need it at my age."</i>	Three fourths of all breast cancers occur in women over the age of 50.

Barriers....Reasons....Obstacles....Barriers....Reasons....Obstacles....Barriers....Reasons....Obstacles....Barrier

*Woman to woman
Saving lives
Every year for life....*

REASONS WOMEN MAY GIVE	SUGGESTED RESPONSES
FATE <i>"If I have it, I don't want to know about it." "It'll just give me something more to worry about."</i>	Women who find a breast cancer early have the best chance of a full recovery. That means if you do find a problem, you can take care of it.
FORGETFULNESS <i>"I keep forgetting to make an appointment."</i>	I'm really concerned and will call to remind you.
HUSBAND DISAPPROVES/WORRIED <i>"My husband doesn't want me to get a mammogram."</i>	Explain to your husband the importance of getting a mammogram. Taking care of yourself means that you will be there to take care of your family.

Barriers....Reasons....Obstacles....Barriers....Reasons....Obstacles....Barriers....Reasons....Obstacles....Barrier

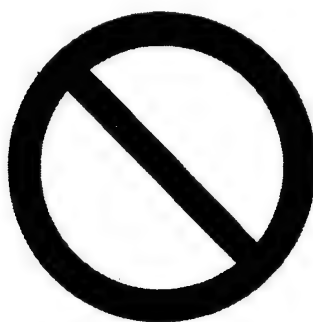
Woman to woman
 Saving lives
 Every year for life....

REASONS WOMEN MAY GIVE	SUGGESTED RESPONSES
DOCTOR'S ADVICE <i>"My doctor hasn't told me to have one."</i> <i>"My doctor didn't recommend it."</i>	<p>Maybe your doctor was seeing you for something else, and just didn't think about it. As a woman grows older, her chance of having breast cancer increases. So, the National Cancer Institute, and other groups, say that <u>all</u> women 50 and older should have mammograms regularly.</p> <p>If it will make you feel more comfortable, why don't you call your doctor and talk to him or her about having a mammogram?</p>
X-RAYS <i>"I don't want to get an x-ray."</i> <i>"I hear that the x-rays are dangerous."</i>	<p>You only get a very small amount of radiation—that is not harmful.</p>
COST <i>"I am worried about the cost."</i> <i>"I can't afford it right now."</i> <i>"I don't have insurance."</i>	<p>There are free or low-cost mammograms available. BACCIS can help you get these services.</p>
NO DOCTOR/ NO CLINIC <i>"I don't know where to go."</i> <i>"I don't have a place to go to."</i>	<p>The BACCIS Program can help you find a doctor or clinic that is convenient for you.</p>

Barriers....Reasons....Obstacles....Barriers....Reasons....Obstacles....Barriers....Reasons....Obstacles....Barrier

*Woman to woman
Saving lives
Every year for life....*

REASONS WOMEN MAY GIVE	SUGGESTED RESPONSES
TRANSPORTATION/ CHILD CARE <i>"I have no transportation." "I have no one to take care of the children."</i>	BACCIS will work with you to make the necessary arrangements so that you can get a mammogram. The BACCIS phone number is 510/374-7175.
LANGUAGE <i>"The doctors don't speak my language." "I need a translator."</i>	BACCIS can help you find clinics and doctors who speak your language.



BARRIERS....REASONS....OBSTACLES

Barriers....Reasons....Obstacles....Barriers....Reasons....Obstacles....Barriers....Reasons....Obstacles....Barrier

Step 3. Remind

Remind each woman to get her regular mammogram again next year.



Remember, she needs your support to make it happen.

There are 3 times to remind each woman:

- ① Remind her to keep her appointment **now**.
- ② Remind her that you're concerned about her.
- ③ Remind her to make her next appointment when she is due again in **one year**.

Assignment for Women's Health Leaders



Before the next training session, please do the following:

- 1) Call 1-800-4-CANCER, ask any question you may have about mammograms, and ask for information to be mailed to you. Please write down your question and their answer.
- 2) Complete the Women's Health Questionnaire.
- 3) Talk to 2 friends, using the "openers."
- 4) Review the information in this manual.
- 5) Make an appointment for a mammogram, if you are due for one.

Part 2 of the Training: _____
(Date and Time)

*Woman to woman
Saving lives
Every year for life....*

Part 4.

Putting It All Together: Getting It Going & Keeping Track

**Part 4 teaches you how to get started as
a Women's Health Leader**

Woman to woman
Saving lives
Every year for life....

Find these words!

BACCIS, Recruit,
Refer, Remind, Yearly,
Mammogram, For Life,
Woman to Woman, Saving Lives

Q	M	E	S	R	E	F	E	R	L	T
L	B	A	C	C	I	S	C	E	S	L
Y	R	E	M	I	N	D	A	C	A	I
E	D	W	O	M	A	N	N	R	V	V
A	C	R	I	T	O	D	Y	U	I	E
R	S	L	W	T	U	G	N	I	N	S
L	W	O	M	A	N	B	R	T	G	I
Y	S	D	O	W	B	E	T	A	P	S
P	F	O	R	L	I	F	E	D	M	L

*Woman to woman
Saving lives
Every year for life....*

**See "QUICK GUIDE"
in back of binder
for:**

**"How to Help a Woman
Get a Mammogram"**

? WHY ?

Recruit, Refer, Remind

BECAUSE

1. Women often need extra help getting into the mammogram habit.
2. A personal connection really helps.
3. Busy women forget to make an appointment or forget to keep their appointment.

You really can save lives...woman to woman!!!

1.
RECRUIT

**Meet Mrs. Jones
Complete Questionnaire**



Invite her to get a
mammogram*

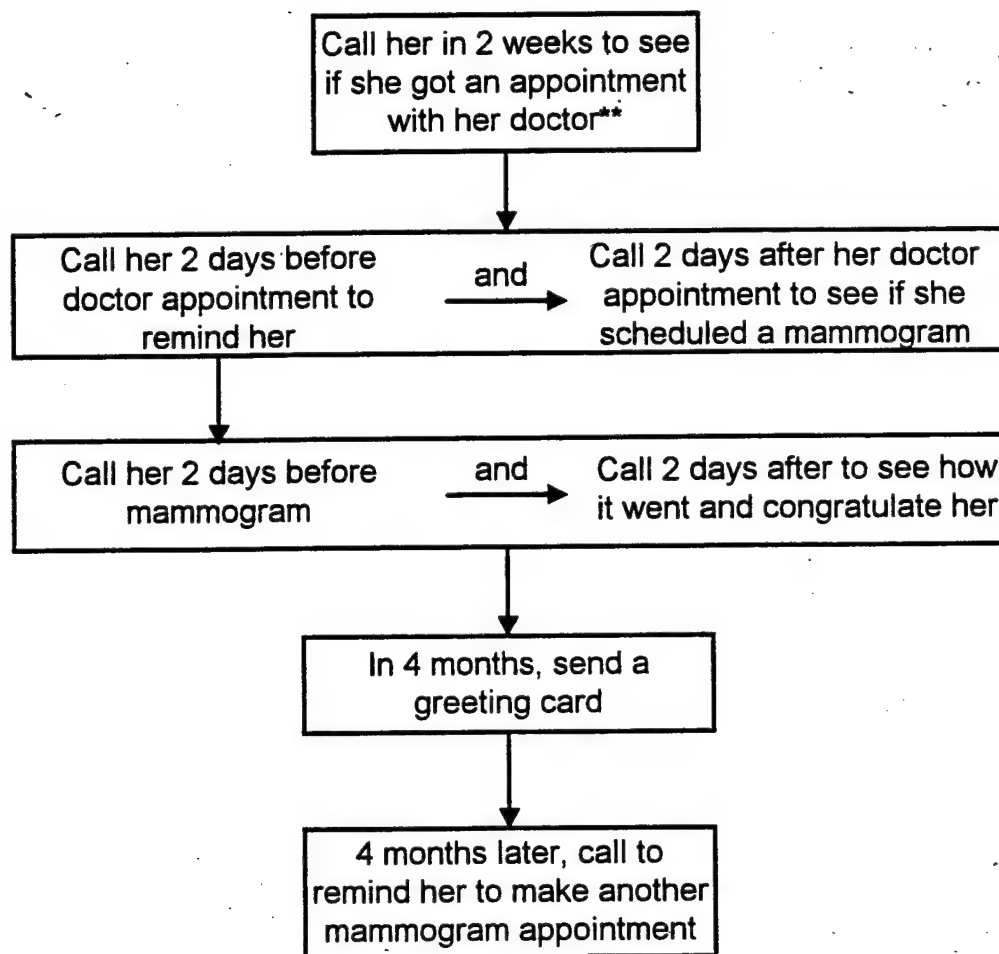
2.

REFER

Help her figure out where to go
(See "Quick Guide": How to get
a mammogram)

3.

REMIND



* If she doesn't want a mammogram, ask her why (see "Quick Guide": Barriers).

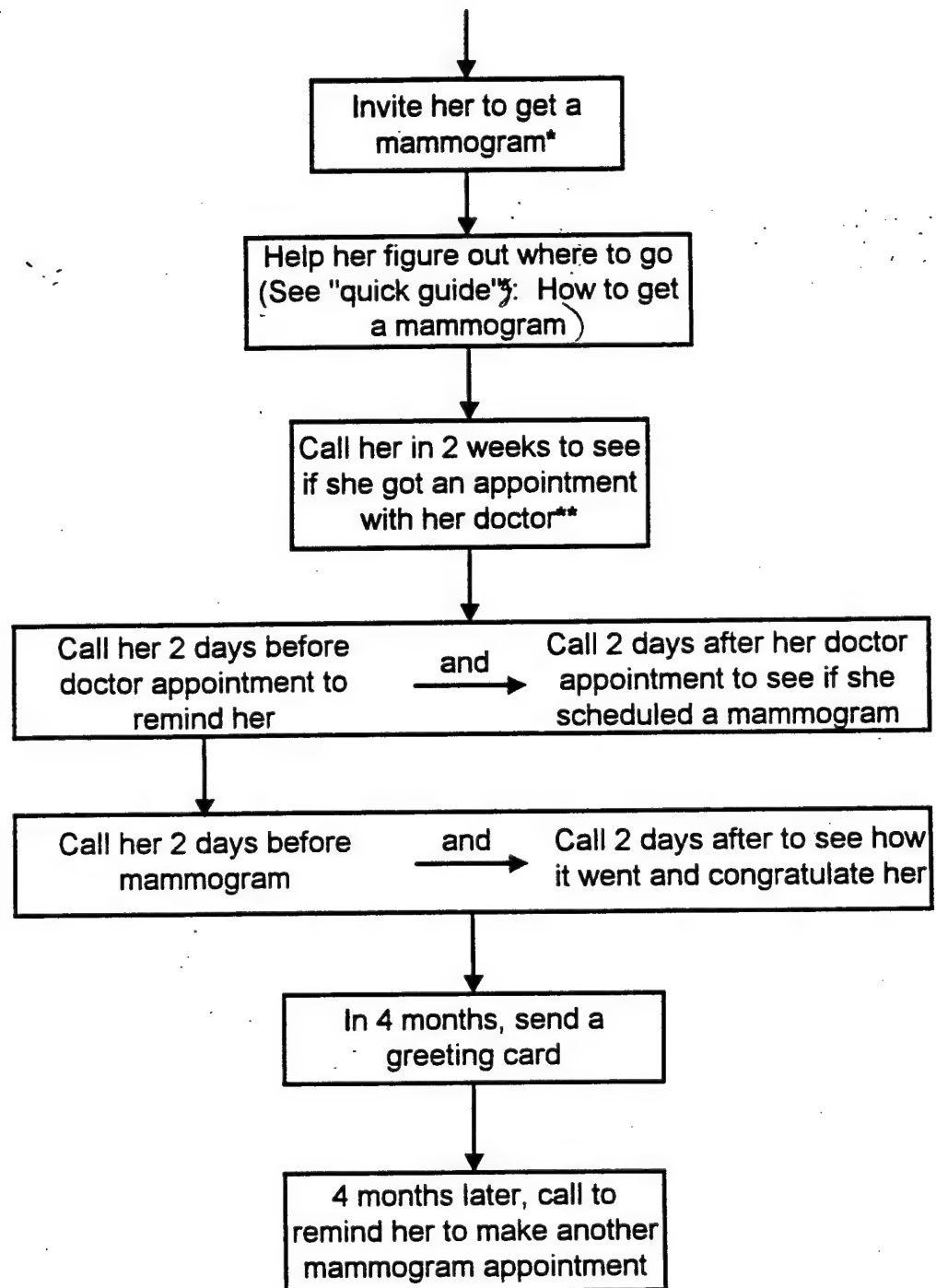
** If no appointment, reassure and encourage her (see "Quick Guide": Barriers).
Try one more time in two weeks.

**Meet Mrs. Jones
Complete Questionnaire**

1.
RECRUIT

2.
REFER

3.
REMIND



* If she doesn't want a mammogram, ask her why (see quick guide: Barriers)

** If no appointment, reassure and encourage her (see quick guide: Barriers).
Try one more time in two weeks.

*Woman to woman
Saving lives
Every year for life....*

Part 5.

BACCIS Forms

**Part 5 will teach you how to fill out
and organize your Women's Health
Leader paperwork**

BACCIS forms....BACCIS forms....BACCIS forms....BACCIS forms....BACCIS forms...BACCIS forms....BACCIS

BACCIS Forms



BACCIS Forms

☐ **Questionnaire**

Each woman fills this out
herself

☐ **Call Reminder Sheet**

For you to keep track of all
your women

☐ **Follow-Up Form**

For you to complete each
time you see or call each
woman

BACCIS WOMEN'S HEALTH QUESTIONNAIRE

1. HAVE YOU HAD A MAMMOGRAM IN THE LAST TWO YEARS?	NO	YES
2. ARE YOU 50 YEARS OLD OR OLDER?	YES	NO
3. CAN WE CALL YOU TO TALK ABOUT MAMMOGRAMS?	YES	NO

IF YOU CIRCLED ALL THESE ANSWERS, WELCOME TO OUR PROGRAM. PLEASE COMPLETE THE QUESTIONNAIRE.

THANK YOU FOR YOUR HELP.

THANK YOU FOR YOUR TIME!!!

This questionnaire will help us develop better programs for women in Contra Costa County.

You can help by:

1. Filling out this questionnaire.
2. Allowing the woman who gave you this questionnaire to call you and talk about mammograms and health care.
3. Agreeing to be called in about one year to answer some additional questions.

Your participation is **voluntary**. You may stop taking part at any time. You can skip over any questions you do not want to answer.

Any information you give us is **strictly confidential**. It will only be used by our program to improve services and education for Contra Costa women. Your name, phone number and address will only be used by our women's health program and will **not be shared** with anyone else.

This program is based in the Northern California Cancer Center under the direction of Dr. Rena Pasick. You may call her at (510) 429-2500 if you have any questions.

FOR OFFICE USE ONLY: DATE _____ WHL _____ BACCIS ID# _____

4.	NAME	_____
5.	ADDRESS	_____
	CITY	STATE ZIP
	PHONE	_____
	What is your race/ethnicity? _____	
6.	DATE OF BIRTH	_____

7. WHAT ARE THE REASONS THAT YOU HAVEN'T HAD A MAMMOGRAM IN THE LAST TWO YEARS?
(PLEASE CHECK ALL THAT ARE RIGHT FOR YOU)

- ☐ My doctor didn't recommend it
- ☐ I don't need it at my age
- ☐ I am worried about the cost
- ☐ I don't have insurance
- ☐ I'm too busy to get a mammogram
- ☐ I don't have a doctor
- ☐ I don't have a place to go
- ☐ I have no transportation
- ☐ I have no one to take care of children
- ☐ The appointment takes too long
- ☐ Doctor doesn't speak my language
- ☐ I need a translator

- ☐ Mammogram x-rays are dangerous
- ☐ A mammogram might hurt or be uncomfortable
- ☐ I didn't like the mammogram I got before
- ☐ I am afraid of finding something wrong
- ☐ It is embarrassing to have that kind of exam
- ☐ I don't need a mammogram because I'm healthy
- ☐ Doctors don't understand women of my ethnic group
- ☐ I am worried that the x-ray technician might be a man
- ☐ I forgot to make an appointment
- ☐ My husband doesn't want me to
- ☐ Other reason (Please Explain): _____

8. Before today, had you ever heard of a mammogram?

☐ YES ☐ NO

9. Have you ever had a mammogram?

☐ YES ☐ NO

If YES:
When did you have your last mammogram?

_____ MONTH _____ YEAR

How many mammograms have you had in the last 5 years?

_____ NUMBER OF MAMMOGRAMS

10. Do you plan to have a mammogram in the next 12 months?

☐ YES ☐ NO

11. Do you know where to go if you wanted a mammogram this month?

☐ YES ☐ NO

12. These are questions about health insurance. Do you have:

- | | | |
|--|------------------------------|-----------------------------|
| a. MediCal (from the government) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Medicare (from the government for people 65 and older) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. HMO (Kaiser/ TakeCare/ Health Net/ Blue Shield/ Bay Pacific or other) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. Basic Adult Care (BAC from Contra Costa County) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Health insurance that you or your employer pays for | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

(Name of your insurance company): _____

13. When you go to the doctor, do you have to pay with your own money?

☐ YES ☐ NO ☐ Only when my MediCal or Medicare doesn't cover it

14. Here are things people sometimes say about mammograms.

Do you AGREE or DISAGREE? (There are no right or wrong answers.)

AGREE

DISAGREE

- | | |
|---|--------------------------|
| a. I don't need a mammogram if I have had a breast exam from a doctor or a nurse | <input type="checkbox"/> |
| b. Mammograms can lead to breast surgery that is not needed. | <input type="checkbox"/> |
| c. I would have a mammogram if my doctor told me that it's important. | <input type="checkbox"/> |
| d. I would probably not have a mammogram if it takes more than an hour to get there. | <input type="checkbox"/> |
| e. Having a mammogram every year will give me a feeling of control over my health. | <input type="checkbox"/> |
| f. I probably won't have a mammogram unless I have a breast problem.. | <input type="checkbox"/> |
| g. Mammograms are a very routine medical test. | <input type="checkbox"/> |
| h. It will be good for my family if I have a mammogram. | <input type="checkbox"/> |
| i. Regular mammograms give you peace of mind about your health. | <input type="checkbox"/> |
| j. A mammogram is part of good overall health care. | <input type="checkbox"/> |
| k. Mammograms are necessary even when there has been no breast cancer in the family. | <input type="checkbox"/> |
| l. Mammograms are most helpful when you have one every year. | <input type="checkbox"/> |
| m. Mammograms are safe. | <input type="checkbox"/> |
| n. I am too busy to have a mammogram. | <input type="checkbox"/> |
| o. Mammography is not a useful test for women my age. | <input type="checkbox"/> |
| p. Mammograms are too expensive for me. | <input type="checkbox"/> |

15. In case you move to a new address or we are unable to reach you, who can we call to learn how to reach you?

PERSON'S NAME _____

PERSON'S PHONE # _____

What is this person's relationship to you? _____

THANK YOU FOR YOUR HELP!

CALL REMINDER SHEET

[illegible]

BACCIS

FOLLOW-UP FORM

(Complete every time you talk to a woman after the first meeting.)

NAME _____ BACCIS ID# _____

WHL _____ TODAY'S DATE _____

TYPE OF CONTACT:

☐ Phone call How many times did you try before reaching her? _____

☐ In person
Where: _____

Length of this call/visit:
hours _____ minutes _____

1. WHAT IS THE REASON FOR THIS CALL?

- ☐ Call to encourage her to make an appointment
☐ Call to see if she got an appointment
☐ Call to remind her of her appointment
☐ Call to help with a problem. WHAT? _____

2. HAS SHE MADE AN APPOINTMENT YET?

☐ YES...
to see a doctor
Appointment date: _____

☐ YES...to get a mammogram
☐ Appointment date: _____
☐ Got mammogram (Congratulate her!)
When: _____

☐ NO
☐ Promises to make appointment
☐ Not planning to make appt.
☐ Needs help with problem
What: _____

☐ Needs encouragement
Why: _____

NEXT ACTION:

- ☐ Call to help with problem or encouragement
Calendar date: _____ →
☐ Call to remind
Calendar date: _____ →
☐ Call BACCIS staff for help
☐ Mail greeting card
☐ Case Closed--2 mammograms!

Note on
your call
reminder
sheet

*Woman to woman
Saving lives
Every year for life....*

Part 6.

BACCIS Tips & Other Goodies

**Part 6 will give you tips and
information on breast cancer**

BACCIS tips....BACCIS tips....BACCIS tips....BACCIS tips....BACCIS tips....BACCIS tips....BACCIS tips.....

BACCIS TIPS

To help you help women
get a mammogram



Encourage women to take care of themselves for themselves.

Encourage women to take care of themselves so they can take care of their family, friends and do the things they enjoy.

Encourage women to take care of themselves for peace of mind.

Encourage women to have a breast health plan that includes:

1. A **monthly** *breast self-examination*
2. A **yearly** *clinical breast examination*
3. A **yearly** *mammogram*

If the woman has a doctor and insurance...

Encourage her to call for a referral for a mammogram soon.

If the women does not have a doctor or insurance...

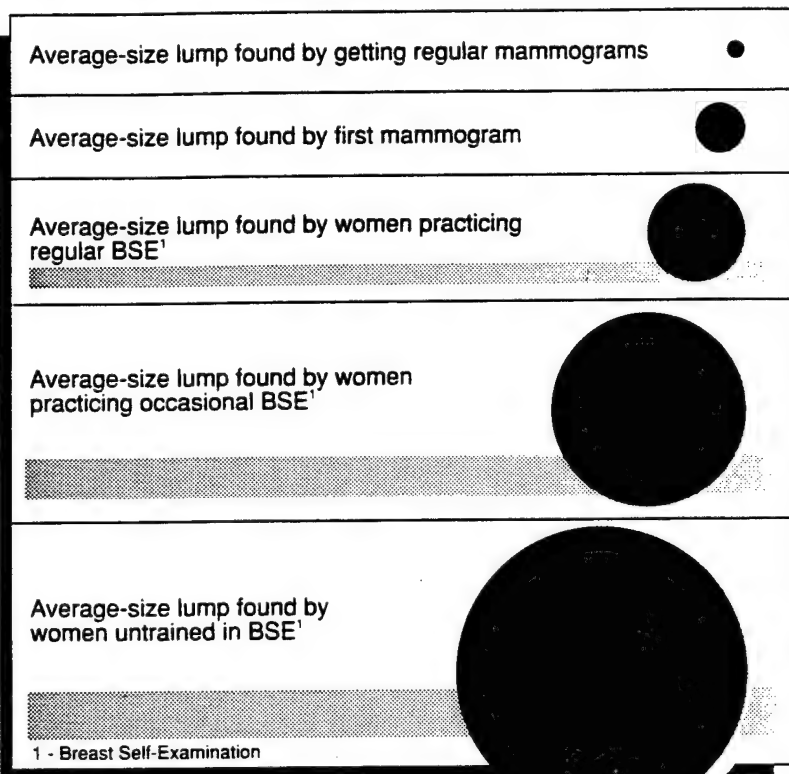
Give her a list of places where she can get a mammogram, *Free or on a Sliding Scale.*

DO THE
RIGHT
THING...

GET A
NEW
ATTITUDE
ABOUT
CANCER

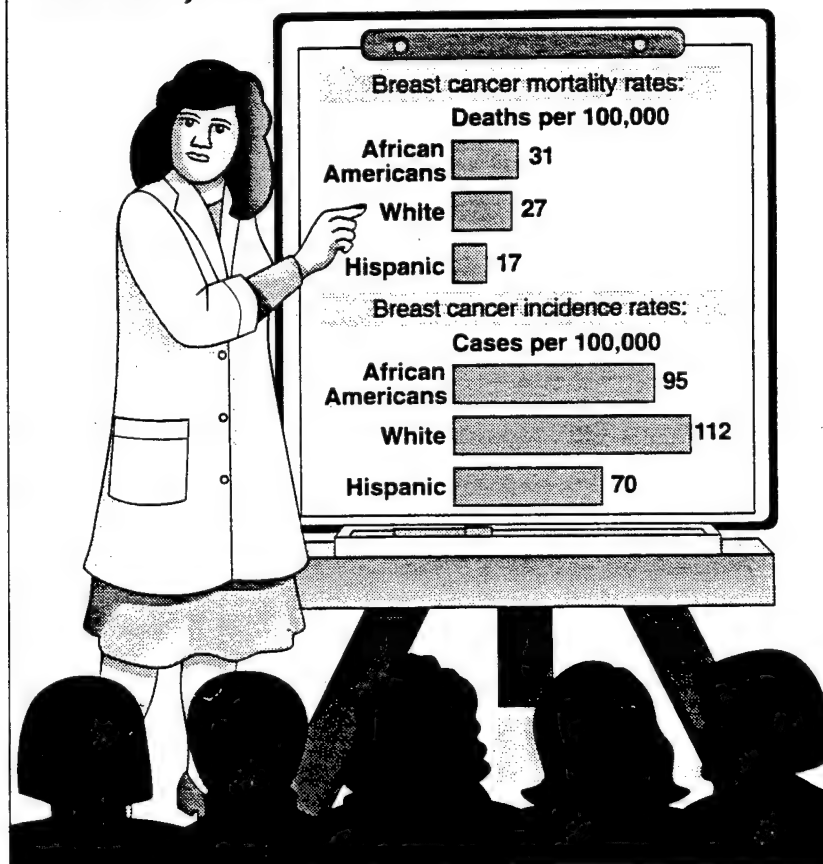
BREAST CANCER

Size of tumors detected by mammography



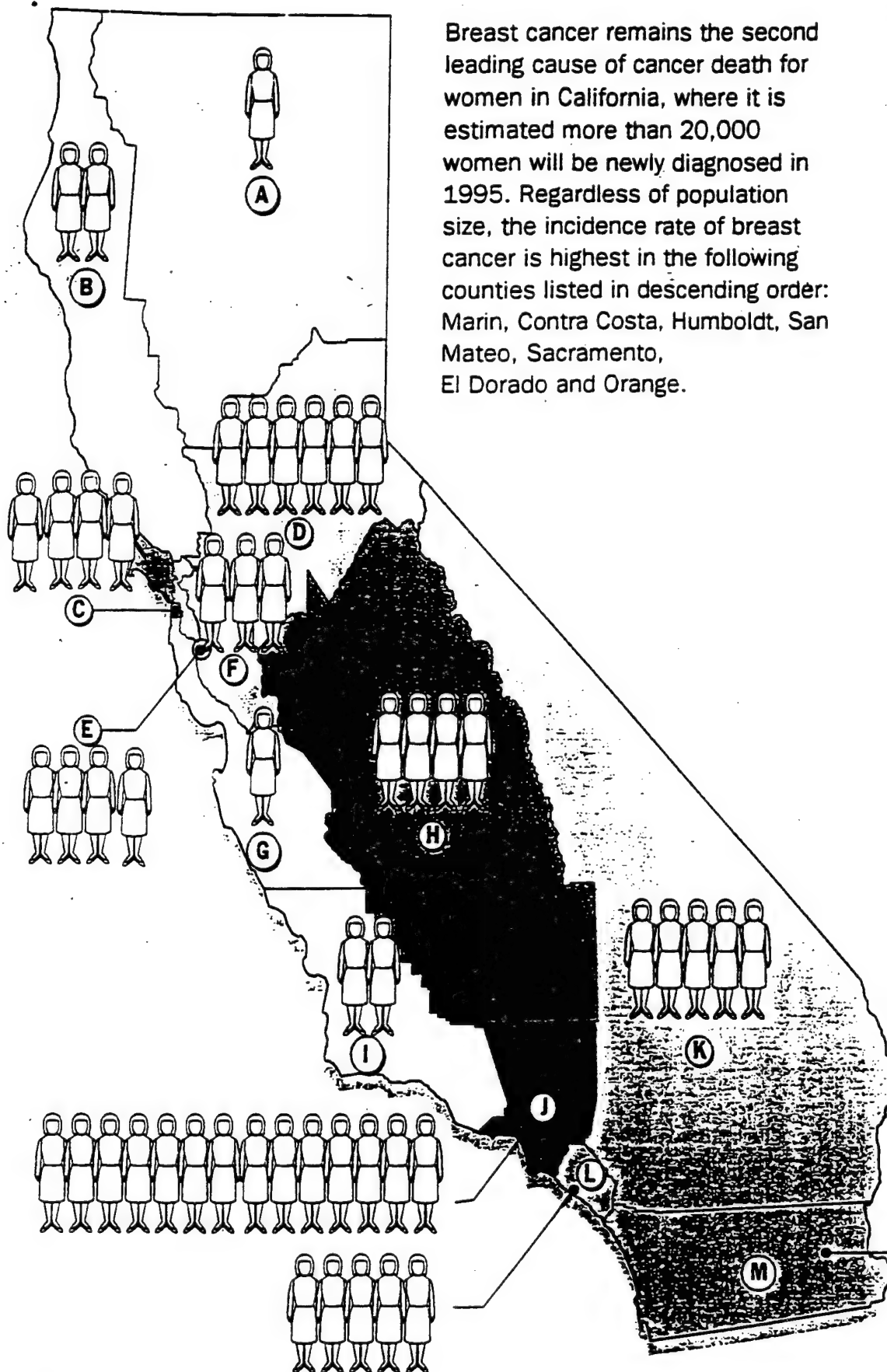
Source: The Breast Health Program of New York

Breast Cancer: high mortality/low incidence for African American women, 1988-1992



Source: Racial/Ethnic Patterns of Cancer in the United States 1988-1992 (in press)
National Cancer Institute

56 Women A Day Are Told They Have Breast Cancer



Breast cancer remains the second leading cause of cancer death for women in California, where it is estimated more than 20,000 women will be newly diagnosed in 1995. Regardless of population size, the incidence rate of breast cancer is highest in the following counties listed in descending order: Marin, Contra Costa, Humboldt, San Mateo, Sacramento, El Dorado and Orange.

NO. OF WOMEN PER DAY	COUNTIES	KEY
14	Los Angeles County	J
6	Alpine, Amador, Calaveras, El Dorado, Nevada, Placer, Sacramento, San Joaquin, Sierra, Solano, Sutter, Yolo and Yuba Counties	D
5	San Diego and Imperial Counties	M
5	Inyo, Riverside, Mono and San Bernardino Counties	K
5	Orange County	L
4	Alameda and Contra Costa Counties	E
4	Fresno, Kern, Kings, Madera, Merced, Mariposa, Stanislaus, Tulare and Tuolumne Counties	H
4	San Francisco, San Mateo and Marin Counties	C
3	Santa Clara County	F
2	San Luis Obispo, Santa Barbara and Ventura Counties	I
2	Humboldt, Del Norte, Trinity, Mendocino, Lake, Sonoma and Napa Counties	B
1	Butte, Colusa, Glenn, Lassen, Modoc, Plumas, Shasta, Siskiyou and Tehama Counties	A
1	Monterey, San Benito and Santa Cruz Counties	G

**56 CALIFORNIA WOMEN
PER DAY TOTAL**

SOURCE: California Department of Health Services - Cancer Surveillance Unit and Breast Cancer Early Detection Program

Woman to woman

Saving lives

Every year for life....

Part 7.

Questions & Notes

Questions and notes...questions and notes...questions and notes...questions and notes...questions and notes.....

*Woman to woman
Saving lives
Every year for life....*

Ask Ms. BACCIS.....

????????

Write down any questions you may have for the BACCIS Staff

Questions and notes...questions and notes...questions and notes...questions and notes...questions and notes.....

*Woman to woman
Saving lives
Every year for life.....*

Part 8.

YOUR BACCIS "QUICK GUIDE"

Quick Guide....Quick Guide....Quick Guide....Quick Guide...Quick Guide...Quick Guide...Quick Guide...Quick

HOW TO HELP A WOMAN GET A MAMMOGRAM

◆ If you have insurance [*CCHP,*FHP,Kaiser,HealthNet, Blue Cross]

◆ If you have Medicare (from the Government)

◆ If you have MediCal (from the Government)

◆ If you have Basic Adult Care through the County (BAC)

◆ If you have none of the above

You may qualify for a special program that provides FREE breast exams and mammograms at:

- Richmond Public Health Breast Screening Clinic

Offers breast exam and mammogram on same day of appointment

Richmond Health Center, 39th & Bissell Sts., Richmond, CA 94804

Languages Spoken: Spanish and French

Days/Hours: Thursday, 1 - 5 pm

Contact: Frances Crockett

Phone: #374-3146

- Planned Parenthood - Central Richmond

Offers breast exam and referral for a mammogram at the Brookside Breast Care Center

101 Broadway, Richmond, CA 94804

Languages Spoken: Spanish and French

Days/Hours: Tues., Thur., Fri. - 9 am - 5 pm

Wed. - 9 am - 1 pm

Phone: #232-1250

- Planned Parenthood - Hilltop Center

Offers breast exam and referral for a mammogram at the Brookside Breast Care Center

3050 Hilltop Mall Road, Richmond, CA 94806

Languages Spoken: Spanish and French

Days/Hours: Mon., Tues., Thurs. - 9 am - 8 pm

Wed., Fri. - 9 am - 5 pm

Phone: #222-5290

COMPLETE QUICK GUIDE
AVAILABLE UPON REQUEST

APPENDIX C.

**Agencies Recruited to Date
(from designated low-income Census Tracts)**

AGENCIES RECRUITED TO DATE
(from designated low-income Census Tracts)

Agency: League of United Latin American Citizens (LULAC)
Contact: Bertha Flores
Address: 157 9th Street
Richmond, CA 94801
(510) 215-7091

This is a lunch program for senior citizens.

Agency: Promocion Latina
Contact: Maria Gastelusmendi
Address: 2325 Road 20
San Pablo, CA 94806
(510) 232-9644

Provides community advocacy for Latino residents of San Pablo, CA.

Agency: Carmen Enterprises
Contact: Carmen Padilla
Address: 811 Market Avenue
San Pablo, CA 94806
(510) 233-5414

Makes and sells art and craft items to the community. Specializes in special events.

Agency: Familias Unidas (Grupo Amor)
Contact: Grace Quiroz
Address: 205 39th Street
Richmond, CA 94805
(510) 412-5930

Senior Latina women's club.

Agency: West County Senior Escort Services
Contact: Leah McIntosh
Address: 402 Harbor Way
Richmond, CA 94901
(510) 232-0500

Escort services to frail seniors in West Contra Costa County.

Agency: Richmond School District - Bilingual/ELD Office
Contact: Magdalena Browne
Address: 157 9th Street
Richmond, CA 94801
(510) 232-8050

Social services to Latino families with children attending school.

Agency: B J's Salon of Beauty
Contact: Joan Daniels
Address: 1064 Carlson Blvd.
Richmond, CA 94804
(510) 233-4132

Beauty services to women of all ages in West Contra Costa County.

Agency: Cynzell's Beauty Shop
Contact: Zella Overstreet
Address: 11888 San Pablo Avenue
El Cerrito, CA 94530
(510) 233-0662

Beauty services to African American women of all ages in West Contra Costa County.

Agency: Contra Costa College
Contact: Nannette Finley Hancock
Address: 2600 Mission Bell Drive
San Pablo, CA
(510) 235-7800

Medical Assistant Program for students.

Agency: Nevin Plaza Senior Housing
Contact: Helen Hall
Address: 2400 Nevin Avenue
Richmond, CA 94804
(510) 237-1610

Housing for senior citizens of West Contra Costa County.

APPENDIX D.
Baseline Survey

BACCIS WOMEN'S HEALTH QUESTIONNAIRE

1. HAVE YOU HAD A MAMMOGRAM IN THE LAST TWO YEARS?	NO	YES
2. ARE YOU 50 YEARS OLD OR OLDER?	YES	NO
3. CAN WE CALL YOU TO TALK ABOUT MAMMOGRAMS?	YES	NO

IF YOU CIRCLED ALL THESE ANSWERS, WELCOME TO OUR PROGRAM. PLEASE COMPLETE THE QUESTIONNAIRE.

THANK YOU FOR YOUR HELP.

THANK YOU FOR YOUR TIME!!!

This questionnaire will help us develop better programs for women in Contra Costa County.

You can help by:

1. Filling out this questionnaire.
2. Allowing the woman who gave you this questionnaire to call you and talk about mammograms and health care.
3. Agreeing to be called in about one year to answer some additional questions.

Your participation is **voluntary**. You may stop taking part at any time. You can skip over any questions you do not want to answer.

Any information you give us is **strictly confidential**. It will only be used by our program to improve services and education for Contra Costa women. Your name, phone number and address will only be used by our women's health program and will **not be shared** with anyone else.

This program is based in the Northern California Cancer Center under the direction of Dr. Rena Pasick. You may call her at (510) 429-2500 if you have any questions.

FOR OFFICE USE ONLY: DATE _____ WHL _____ BACCIS ID# _____

4. NAME _____

5. ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

What is your race/ethnicity? _____

6. DATE OF BIRTH _____

7. WHAT ARE THE REASONS THAT YOU HAVEN'T HAD A MAMMOGRAM IN THE LAST TWO YEARS?
(PLEASE CHECK ALL THAT ARE RIGHT FOR YOU)

- ☐ My doctor didn't recommend it
- ☐ I don't need it at my age
- ☐ I am worried about the cost
- ☐ I don't have insurance
- ☐ I'm too busy to get a mammogram
- ☐ I don't have a doctor
- ☐ I don't have a place to go
- ☐ I have no transportation
- ☐ I have no one to take care of children
- ☐ The appointment takes too long
- ☐ Doctor doesn't speak my language
- ☐ I need a translator

- ☐ Mammogram x-rays are dangerous
- ☐ A mammogram might hurt or be uncomfortable
- ☐ I didn't like the mammogram I got before
- ☐ I am afraid of finding something wrong
- ☐ It is embarrassing to have that kind of exam
- ☐ I don't need a mammogram because I'm healthy
- ☐ Doctors don't understand women of my ethnic group
- ☐ I am worried that the x-ray technician might be a man
- ☐ I forgot to make an appointment
- ☐ My husband doesn't want me to
- ☐ Other reason (Please Explain): _____

8. Before today, had you ever heard of a mammogram?

☐ YES ☐ NO

9. Have you ever had a mammogram?

☐ YES —————→

☐ NO

If YES:

When did you have your last mammogram?

_____ MONTH _____ YEAR

How many mammograms have you had in the last 5 years?

_____ NUMBER OF MAMMOGRAMS

10. Do you plan to have a mammogram in the next 12 months?

☐ YES ☐ NO

11. Do you know where to go if you wanted a mammogram this month?

☐ YES ☐ NO

12. These are questions about health insurance. Do you have:

- | | | |
|--|------------------------------|-----------------------------|
| a. MediCal (from the government) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Medicare (from the government for people 65 and older) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. HMO (Kaiser/ TakeCare/ Health Net/ Blue Shield/ Bay Pacific or other) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. Basic Adult Care (BAC from Contra Costa County) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Health insurance that you or your employer pays for | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

(Name of your insurance company): _____

13. When you go to the doctor, do you have to pay with your own money?

☐ YES ☐ NO

☐ Only when my MediCal or Medicare doesn't cover it

14. Here are things people sometimes say about mammograms.

Do you AGREE or DISAGREE? (There are no right or wrong answers.)

AGREE

DISAGREE

- | | | |
|--|--------------------------|--------------------------|
| a. I don't need a mammogram if I have had a breast exam from a doctor or a nurse | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Mammograms can lead to breast surgery that is not needed. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I would have a mammogram if my doctor told me that it's important. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I would probably not have a mammogram if it takes more than an hour to get there. | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Having a mammogram every year will give me a feeling of control over my health. | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I probably won't have a mammogram unless I have a breast problem.. . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Mammograms are a very routine medical test. | <input type="checkbox"/> | <input type="checkbox"/> |
| h. It will be good for my family if I have a mammogram. | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Regular mammograms give you peace of mind about your health. | <input type="checkbox"/> | <input type="checkbox"/> |
| j. A mammogram is part of good overall health care. | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Mammograms are necessary even when there has been no breast cancer in the family. | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Mammograms are most helpful when you have one every year. | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Mammograms are safe. | <input type="checkbox"/> | <input type="checkbox"/> |
| n. I am too busy to have a mammogram. | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Mammography is not a useful test for women my age. | <input type="checkbox"/> | <input type="checkbox"/> |
| p. Mammograms are too expensive for me. | <input type="checkbox"/> | <input type="checkbox"/> |

15. In case you move to a new address or we are unable to reach you, who can we call to learn how to reach you?

PERSON'S NAME _____

PERSON'S PHONE # _____

What is this person's relationship to you? _____

THANK YOU FOR YOUR HELP!

APPENDIX E.
Client Tracking Forms

CALL REMINDER SHEET

[illegible]

BACCIS

FOLLOW-UP FORM

(Complete every time you talk to a woman after the first meeting.)

NAME _____ BACCIS ID# _____

WHL _____ TODAY'S DATE _____

TYPE OF CONTACT:

☐ Phone call How many times did you try before reaching her? _____

☐ In person

Where: _____

Length of this call/visit:

hours _____ minutes _____

1. WHAT IS THE REASON FOR THIS CALL?

☐ Call to encourage her to make an appointment

☐ Call to see if she got an appointment

☐ Call to remind her of her appointment

☐ Call to help with a problem. WHAT? _____

2. HAS SHE MADE AN APPOINTMENT YET?

☐ YES...
to see a doctor
Appointment date: _____

☐ YES...to get a mammogram

☐ Appointment date: _____

☐ Got mammogram (Congratulate her!) When: _____

☐ NO

☐ Promises to make appointment

☐ Not planning to make appt.

☐ Needs help with problem

What: _____

☐ Needs encouragement

Why: _____

NEXT ACTION:

☐ Call to help with problem or encouragement

Calendar date: _____ →

☐ Call to remind

Calendar date: _____ →

☐ Call BACCIS staff for help

☐ Mail greeting card

☐ Case Closed--2 mammograms!

Note on
your call
reminder
sheet